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FEC FORM 1	STATEMEN			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	gergamm,
N ₁ a ₁ t i ₁ o ₁ n ₁ a ₁ l ₁ A ₁ s ₁ s ₁ o ₁ c ₁ i ₁ a ₁ t ₁ i ₁ o ₁ n ₁ F ₁ o ₁ r ₁ G ₁ u ₁ n ₁ R ₁ i ₁ g ₁ h ₁ t ₁ s ₁ I ₁ n ₁ c P ₁ A ₁ C ₁				
ADDRESS (number and street) PO BOX 50 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(Check if address is changed)				
	F, t, ., , C, O, 1, 1, i,	n s	C ₀	8, 0, 5, 2, 2 - 0, 5, 0, 8
	C	EITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	p a c @ n a t i o n a l g u n r i g h t s . o r g .			
			141	
COMMITTEE'S WEB PAGE AD	DRESS (URL)	en e	•	
(Check if address is changed)		r g	<u> </u>	···
2. DATE 0 4 0 9 2 0 1 0 3. FEC IDENTIFICATION NUMBER				
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer				
Signature of Treasurer ;	dr.		Date *0	4 k 0 9 2 0 1 0
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)